

Dear Your Honor,

SEP 08 2021
CLERK
DEPUTY Mistall

My name is Brittany Gail Ogg. I have a bill with Cody Collections in Cody Wyoming. That also has been turned into your court room. I have called them and we have made an agreement of \$100⁰⁰ a month for my account of \$4,000 and the other of \$1,987. I am writing to you to confirm with you that you will agree with the payment arrangement Cody Collections and I have made until the amount is fully paid on full.

Sincerely,

Brittany Gail Ogg

Please give a call with any questions or concerns.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Thank you
for your
time.

FILED IN CIRCUIT COURT
BIG HORN COUNTY, BASIN, WY

SEP 07 2021

Circuit Court Judge.

Sept 3rd.

Dear Sir.

CLERK
DEPUTY

I'm writing to you about the bill to Three Rivers Hospital. I took my grandson Charles ~~Scott~~ to the emergency room, to be treated.

They said I needed to sign him in so the Doctor can treat him. I told them, I would not be responsible for the bill on him. He is 20 yrs old, he is working full time, so he can pay for him self. They said that is fine, but he still has to be checked in. To be treated. I never received any paper work about me having to pay. This bill, he is 21 yrs. old now still working. He said he will get a hold of the hospital and make arrangement to start making payments, so would you please remove my name off of this judgment against me.

He lives in Hawaii with his Mom & step father. my daughter Donna ~~Rice~~ said she would make

FILED IN CIRCUIT COURT
BIG HORN COUNTY, WY

SEP 07 2021

Danna Rott

P.O. 3 8/9 CLARK
DEPT

Helena, Montana

96021

Phone # 808 265 2124

They are 4 hours behind us

South Big Horn County Hospital**Patient:** SCOTT, CHARLIE **Provider:** SPROAT, ADAM M. **Visit#:** 0110685 **MR#:** 0011269

Doc #: 1 Version #: 1 Saved By: C O Saved On: 08/07/20 17:15

**South Big Horn County Hospital/ Midway Clinic**

388 Highway 20 South, Basin, WY 82410

Phone: 307-568-3311

FILED IN CIRCUIT COURT
BIG HORN COUNTY, BASIN, WY

SEP 07 2021

CLERK
DEPUTY

Date: 8/7/2020 15

Name: SCOTT, CHARLIE

DOB: [REDACTED]

Age: 21 years old

Sex: Male

South Big Horn County Hospital District

South Big Horn County Hospital does not discriminate on basis of race, color, national origin, age, sex, creed, or disability in admission or access to, or treat or employment in, its programs and activities.

AUTHORIZATION FOR TREATMENT, RELEASE OF INFORMATION, AND DIRECT PAYMENT

I hereby authorize South Big Horn County Hospital's licensed professionals to administer or prescribe such treatments as may be necessary. Authorization is also granted for members of the hospital staff to administer such treatments or procedures as ordered by the healthcare professional.

SBCH is authorized to release all or part of the patient's medical record to any person or corporation which is, or may be, liable for any part of the medical services. It is understood that a photocopy of this form is a valid authorization for release.

I authorize direct payment of insurance benefits to South Big Horn County Hospital. I understand I am financially responsible for all charges incurred.

SBCH is hereby released from any responsibility for valuables - monetary, sentimental or personal- which he/she has now, or may acquire, during the period of care.

I understand SBCH provides electronic access to visit information through a secure patient portal and this information is only retrievable by myself or an authorized representative. Instructions for accessing this information will be provided with discharge information and upon request.

I acknowledge that I have received the SBCH Privacy Notice and any questions I may have may be addressed to the Privacy Officer.

Patient or Legal Guardian Signature:

Date:

8/7/2020 15

Time of Signature:

1715

Hospital Representative Signature

Electronically signed by OLIN, CAROLYN on 08/07/20 17:15 hrs

Date:

Select a date 15

Time of Signature: